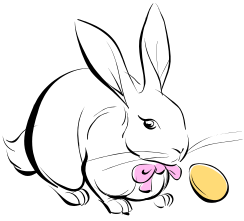


Dimple Dell Fitness & Recreation Center Presents:



Easter Egg Dive



Dimple Dell will be holding our annual
Easter Egg Event in the pool!

Register now, then come to the pool on
Saturday, April 15th to hunt for the eggs and
get some goodies!

Bring your camera, and come take pictures with the **EASTER BUNNY!**

Times:

- | | |
|--------------------|----------------------|
| 1. 8:35 - 8:50am | Ages 10-13 years old |
| 2. 9:00 - 9:15am | Ages 7-9 years old |
| 3. 9:25 - 9:40am | Ages 7-9 years old |
| 4. 9:50 - 10:05am | Ages 4-6 years old |
| 5. 10:15 - 10:30am | Ages 4-6 years old |
| 6. 10:40 - 10:55am | Ages 3 and under |
| 7. 11:05 - 11:20am | *Adaptive |

Cost is \$6.00 per child.

Registration begins March 1st, 2017. Space is limited so sign up early to ensure your place in the dive!



Don't forget your swimsuit!

* Parents **MUST** be in the water with any children under the age of 6. Children over the age of 5 may have a parent or guardian in the water if necessary.

Parents- you **MUST** be in the water with **ANY** children under the age of 6!

Children 3 & Under **MUST** wear a swim diaper **AND** plastic pants.

Children must be registered to participate.



For inclusion opportunities for people with disabilities, contact Ashley at (385) 468-1520 or ahaddow@slco.org.

EASTER EGG DIVE PROGRAM REGISTRATION

PARTICIPANT AND PARENTAL STATEMENT OF AGREEMENT ASSUMPTION OF RISK, LIABILITY RELEASE, INDEMNIFICATION, AND REFUND POLICY:

Release and Indemnification: I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, and its officers, employees and volunteers from and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that my result from my child's participation in Salt Lake County Parks and Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my child's participation. Refund Policy: As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program. Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection. Emergency Treatment: I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatment. Equal Opportunity: Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will, upon request, provide reasonable accommodations to individuals with disabilities. By signing the assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Participant's Name: _____ Date of Birth: _____

Parent's Name: _____ (Print)

Address: _____

Phone: _____ Cell: _____ Work: _____

EMERGENCY CONTACT (NOT Parent): _____ (Print)

EMERGENCY CONTACT PHONE: _____ CELL: _____

Emergency Contact Relationship to Participant: _____

SIGNATURE PARENT/GUARDIAN: _____ Date: _____

“Improving lives through people, parks, and play.”



Check here to be contacted about inclusion opportunities for people with disabilities.



Dimple Dell Fitness & Recreation Center
10670 South 1000 East
Sandy, UT 84094
(385) 468-3355
www.slco.org/dimple-dell

